

MONTANA STATE HOSPITAL POLICY AND PROCEDURE

VISITORS

Effective Date: August 28, 2006 Policy #: ADM-08

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I. PURPOSE: To provide guidelines for accommodating persons visiting patients.

II. POLICY:

- A. Montana State Hospital (MSH) makes every effort to accommodate visitors when clinically appropriate. Visiting hours are from 9 a.m. to 8 p.m., seven days a week.
- B. MSH recognizes visits from family members, friends, and other supportive individuals enhance the treatment provided by the hospital and increases the prospects for the patient's successful return to the community. Additionally, Montana's mental health statutes recognize a patient's right to visitation. Rules for visiting are intended to provide a safe and therapeutic environment for patients, visitors, and hospital staff. The right to visitation may be restricted if visits interfere with patient treatment or create a risk to staff, patient, or public safety.

III. **DEFINITIONS:** None.

IV. RESPONSIBILITIES:

- A. <u>Program Managers and Nursing Supervisors</u> responsible for ensuring patient visits occur as requested, unless not clinically appropriate or creates a risk to staff, visitor, or the patient. The Program Manager or Nurse Supervisor is also responsible to ensure the treatment team honors the patient's right to refuse visitors.
- B. <u>Physicians</u> responsible for documenting, in the medical record, justification for restricting this patient right. They are also responsible for reviewing the treatment plan for modification as appropriate.
- C. <u>Psychiatric Technicians</u> responsible for reviewing and accounting for items given to the patient during a visit. Any property or money received will be recorded properly.
- D. <u>Front Desk Staff</u> in the main hospital entrance responsible for signing-in all visitors, notifying the treatment unit staff of the visitor, and issuing a visitors pass.

V. PROCEDURE:

A. <u>Visiting hours</u> are from 9 a.m. to 8 p.m., seven days per week. Visits should not interfere with patient involvement in scheduled treatment programs or meals. Staff members will inform visitors of the patient's needs to participate in scheduled activities and the time when they will be available.

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B. <u>Visitors will check in</u> at the Front Desk area in the entrance to the main hospital upon arrival on the MSH campus. After checking in and receiving general information regarding rules and policies, Front Desk staff will provide visitors a "Visitor's Pass" indicating they have properly checked in. Front Desk personnel will then notify staff on the patient's treatment unit and inform them of the name of the visitors and any other pertinent information.

C. <u>Visiting Areas</u> - Visiting rooms are provided in several areas of the Hospital. The rotunda may be used as a visiting area and other accommodations will be made as needed. Visitors may enter patient treatment units when permission is granted by supervisory personnel. It is often helpful to allow families to briefly see treatment units and patient rooms, but the privacy rights of other patients must be respected.

Visits may also take place on the hospital grounds or the canteen if authorized by the patient's treatment team. Visitors wishing to take a patient off-grounds will be requested to make arrangements in advance. A physician's order is required for off-unit and off-grounds visits.

Visits may take place in conference rooms on treatment units, when necessary and clinically appropriate. This must be authorized by a supervisor.

- E. <u>Patients have the right to refuse visitors</u>. When this occurs, staff from the patient's treatment program will explain the circumstances to the visiting party and enter documentation into the clinical record the visitor's identify and the reason for the patient's refusal.
- F. Staff members will make reasonable efforts to meet with visitors when requested. Visitors should be asked to schedule an appointment whenever possible.
- G. <u>Forensic Unit Visitors</u> The Forensic Treatment Team may place restrictions on the visits of patients on forensic commitments for the purpose of maintaining security and preventing the introduction of contraband on the ward. When this need is indicated, visits will be non-contact and will take place in the designated location on the Forensic Treatment Unit. The unit physician must document in the medical record justification for restricting this right.
- G. Visitors or their possessions will not be searched by hospital staff, but items given to the patient will be checked for contraband or other hazards. Any property or money received by a patient will be properly recorded. Visitors may be asked to leave inappropriate possessions in their vehicle.
- H. Patient visits may be restricted when there is a need due to interference with treatment or concern for safety of the patient, staff, or the public. Restrictions can be made by obtaining an order from the patient's psychiatrist, documenting the reason in the progress notes, and making an entry on the patient's treatment plan. The need for any restrictions must be reviewed when the patient's treatment plan is reviewed. Staff will attempt to contact any person restricted from visiting for the purpose of informing them of the restriction.

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I. Visits from attorneys, clergy, spiritual counselors, private physicians, or other professional persons may not be restricted by hospital staff. The Hospital Administrator is to be notified if visits from any individuals falling in these categories presents a problem for patients or staff.

- J. Visitors who are intoxicated, abusive, or otherwise disruptive to a patient's treatment or safe operation of the hospital will be asked to leave the grounds immediately. Hospital security personnel are available to provide assistance. Any such incident must be fully documented by witnessing staff members. Removing a visitor in this type of situation requires administrative approval and does not require a physician's order/justification.
- K. Former patients are permitted to visit unless there is a reason to prohibit the visit as would apply to any other person.
- L. Information about use of televideo equipment for patient/family visits will be made available.
- VI. REFERENCES: M.C.A. 53-21-142 (3) Rights of Persons Admitted to Facility
- **VII. COLLABORATED WITH:** Director of Nursing Services, Director of Information Resources.
- VIII. RESCISSIONS: #ADM-08, Visitors dated June 4, 2004; #ADM-08, Visitors dated May 22, 2001; #ADM-08, Visitors dated February 14, 2000; H.O.P.P # ADM-01-96-R, Visitors, dated September 1, 1996
- **IX. DISTRIBUTION:** All hospital policy manuals, Team Leaders
- X. REVIEW AND REISSUE DATE: August 2009
- XI. FOLLOW-UP RESPONSIBILITY: Hospital Administrator
- XII. ATTACHMENTS: None.

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Ed Amberg	Date
Hospital Administrator	